

**Adult Family Home Disclosure of Services  
Required by RCW 70.128.280**

<b>Home / Provider: Eagles Creste Adult Family Home</b>
<b>License Number: A750490</b>
<b>About the Home</b>
<b>1. Provider Statement (Optional)</b>  <i>The optional provider's statement is free text description of the mission, value and /or other distinct attributes of the home:</i>
<b>2. Initial Licensing Date:</b> <i>June 19, 2007</i>
<b>3. Other address or addresses where provider has been licensed:</b> <i>26123 119<sup>TH</sup> Dr. S.E., Kent, WA. 98030-8411</i>
<b>4. Same Address Previously Licensed as:</b>
<b>5. Ownership:</b> <div style="margin-left: 20px;"><input type="checkbox"/> <i>Sole proprietor</i> <input checked="" type="checkbox"/> <i>Limited Liability Corporation</i> <input type="checkbox"/> <i>Co-Owned by:</i> <input type="checkbox"/> <i>Other:</i></div>

<b>Personal Care</b>
<b><i>"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-1000)</i></b>
<b><u>1. Eating</u></b> <b><i>If needed, the home may provide assistance with eating as follows:</i></b> <ul style="list-style-type: none"><li><b><i>A. Assist client with clothing protector or cover if needed</i></b></li><li><b><i>B. Offer different kinds of food to eat</i></b></li><li><b><i>C. Offer food in bite size portions</i></b></li><li><b><i>D. Offer beverages with the meal</i></b></li><li><b><i>E. If assisting with feeding, will wipe food from mouth if necessary</i></b></li><li><b><i>F. In between meals we offer snacks for all clients this mainly between lunch and dinner time</i></b></li><li><b><i>G. Snack time we offer treats like muffins, cookies, fruit and vegetables and also</i></b></li></ul>

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*take the recommendation of the client on occasion*

**2. Toileting**

*If needed, the home may provide assistance with toileting as follows:*

- A. Cueing and reminding (Setting a schedule like every 2 hours)*
- B. Helping the client to and from the bathroom*
- C. If transfer needed will assist with to and from toilet or assistive equipment*
- D. Will assist with undoing client's clothing which can be pulling down clothing, and refastening clothing correctly when client is done*
- E. Put toileting items near or close to client*
- F. If assisting client with wiping will make sure gloves are used and will wipe front to back*

**3. Walking**

*If needed, the home may provide assistance with walking follows:*

- A. Will assist client by putting on proper shoes for walking like (Non-skid)*
- B. Will use gait belt if necessary*
- C. Will walk with client to and from locations and will walk with client slightly behind on one side (weaker side if any)*
- D. Will allow client to do everything on their own and will only assist if needed or care plan states do so*
- E. Will assist client if needed with*

**4. Transferring**

*If needed, the home may provide assistance with transferring as follows:*

*Eagles Creste as defined in the D.S.H.S Learner's guide will provide assistance with transferring if the client is needing assistance. We will as follows:*

- A. Will position client chair or wheelchair close to bed*
- B. Will lock wheels on wheelchair*
- C. Will assist client to roll towards the side of the bed*
- D. Will support client back and hips, will assist client to sitting up position*
- E. Assist client with non-skid footwear*
- F. Will use gait belt if necessary*
- G. If using gait belt will stand in front of client and grasp belt*
- H. If not using gait belt stand in front of client and place arms around torso under clients arms*
- I. Brace client's lower extremities with my our knees to prevent slipping*

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- J. Signal client that you are preparing to stand*
- K. If maneuvering client from bed to wheelchair pivot client to front of wheelchair with back of knees in front of wheelchair seat.*
- L. Lower client to wheelchair position client in good sitting position and if client uses foot rest place client's feet in them*

**5. Positioning**

*If needed, the home may provide assistance with positioning as follows:*

- A. Will assist the client with the bending of their knees*
- B. Before turning client,, move client's body towards self*
- C. Will place hand on client's hip and shoulder and gently roll the client over on his/her side away from us*
- D. Will position client in proper body alignment by:*
  - 1. Supporting head with pillow*
  - 2. Shoulder adjusted so client is not lying on arm and top arm is supported*
  - 3. Back supported by supportive device*
  - 4. Top knee flexed, top leg supported by supportive device with hip in proper alignment*
  - 5. Cover client with blanket*

**6. Personal Hygiene-**

*Eagles Creste will provide personal hygiene to able residents as it is very important to keep them well-groomed at all times.*

*If needed, the home may provide assistance with personal hygiene as follows:*

**Mouth care-**

- 1. ensure client is an up-right position*
- 2. Place towel across client's chest before providing mouth care*
- 3. Moisten toothbrush or toothette and apply toothpaste*
- 4. Clean entire mouth (Including tongue and all surfaces of teeth), with a brush or toothette, using gentle motions*
- 5. Assist client to rinse his/her mouth*
- 6. Hold basin to client's chin*
- 7. Wipe client's lips and face, and remove towel*

**Clean and Store Dentures-**

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- 1. Line sink/basin with a towel/washcloth or by filling it with water**
- 2. Obtain dentures from client or gently remove them from client's mouth if he /she is unable to do so. Take the lower dentures out first, then the upper**
- 3. Rinse dentures in cool running water before brushing them**
- 4. Apply toothpaste or denture cleanser to toothbrush**
- 5. Brush dentures on all surfaces**
- 6. Rinse dentures**
- 7. Place the dentures in a cup with solution**

**Shave with safety razor-**

- 1. Wash face with warm, wet washcloth**
- 2. Apply shaving cream to area where we are going to shave**
- 3. Hold razor securely**
- 4. Hold skin taut with free hand and shave with smooth even movements in direction of hair**
- 5. Rinse safety razor in warm water between strokes to keep the razor clean and wet**
- 6. Will shave the sides first then nose and mouth**
- 7. Will wash, rinse, and dry face**

**Fingernail care-**

- 1. Will put water in a bowl and test the water temperature and adjust if necessary**
- 2. Place water at a comfortable level for client**
- 3. Put client's fingers in water and allow to soak**
- 4. Dry client's hand including between fingers. Pat, don't rub dry**
- 5. Clean under nails with orange stick, Wipe orange stick on towel after each nail**
- 6. Groom nails with file or emery board**
- 7. Finish with nails smooth and free of rough edges**

**Foot care-**

- 1. Put water in basin, check temperature before placing client's feet in them**
- 2. Put client's feet in the water**
- 3. Remove client's feet out of the water**
- 4. Support foot and ankle remove from water, wash entire foot, including between the toes, with a soapy washcloth**
- 5. Rinse and then dry entire foot, including between the toes. Pat the toes and feet dry**
- 6. Clean toe nails with orange stick**

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- 7. Will file or cut nails straight across as needed with clippers or emery board*
- 8. Will lotion client's feet and massage into feet*
- 9. Will assist client with socks and shoes*

**7. Dressing**

*If needed, the home may provide assistance with dressing as follows:*

- A. Will ask client what he/she would like to wear*
- B. Remove client's gown/sleep wear while protecting privacy*
- C. Assist client to put the weak arm through the correct sleeve of the shirt, sweater, or slip*
- D. Assist client to put strong arm through correct sleeve*
- E. Assist client to put on skirt, pants, shirt, or dress and non-skid footwear*

**8. Bathing**

*If needed, the home may provide assistance with bathing as follows:*

- A. Will remove client's gown/sleep wear*
- B. Test water temperature*
- C. Wet washcloth (No soap) and begin with eyes. Use different washcloth for each eye, washing inner to outer corner*
- D. Will wash client's face, ears and neck if client wants*
- E. Rinse all area's and dry with towel will pat and not rub dry*
- F. Will go into washing of arms with support underneath the elbows. Will wash the client's arm, shoulder and armpit*
- G. Will wash the client hand by soaking them in water and washing with soap once dried do other arm and hand*
- H. Will wash and rinse and dry the chest and abdomen*
- I. Will wash client's legs will start with one leg by washing, rinsing and patting dry and do the other leg  
Then will go into washing the feet*
- J. Will then roll client to one side and wash, rinse and pat dry back and buttocks and perform on other side*
- K. Will then have client perform perineal care or assist if needed*

***9. Additional Comments regarding personal care***

**Medication Services**

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***If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)***

***The type and amount of medication assistance provided by the home is:***

- A. Will remind the client the time and dosage of her required medication.***
- B. We will take the medication from where it is stored, look at the label and verify the 5 rights- medication, client, amount, route and time***
- C. We will open the container, look at the label and verify the 5 rights again***
- D. We will hand the correct dosage to the client, hand the open container to the client, or transfer the medication to an enable***
- E. We will offer the client a full glass of fluid***
- F. We will observe and make sure that the client has taken the medication***
- G. Will also notate that the proper meds were taken by the client by initialing the MAR***

***ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES:***

***Also if ordered E.C.A.F.H will provide medication administration for residents who are unaware that he/she is scheduled to take medication daily.***

***In this situation, E.C.A.F.H has coordinated with NAR/NAC who has been delegated the task by:***

***Darlene Chapman, RN who is a Nurse Delegator for E.C.A.F.H her telephone number is (253) 335-4059. In this situation, assistance will be provided as follows:***

- 1. Filling medication organizer***
- 2. Assist with putting medication in resident's mouth***
- 3. Will supply full glass of water as needed***

***Skilled Nursing Services and Nurse Delegation***

***If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)***

***The home provides the following skilled nursing services:***

***The residents residing at E.C.A.F.H who need skilled nursing services will be given the services by an outside agency (Providence Elder Place) who will provide wound care***

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*when they come and see the client 2 to 3 times a week and also provide bandage dressing. If needed this outside company provides HOSPICE care.*

*The home has the ability to provide the following skilled nursing services by delegation:*

*We don't provide in house skilled nursing services but we contract out to Seattle Elder Place*

**ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION**

***Specialty Care Designations***

*We have completed DSHS approved training for the following specialty care designations:*

- ☒ *Developmental disabilities*
- ☒ *Mental Illness*
- ☒ *Dementia*

**ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS:**

***Staffing***

*The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)*

- ☒ *The provider lives in the home*
- ☐ *A resident manager lives in the home and is responsible for the care and services of each resident at all times.*
- ☒ *The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.*

*The normal staffing levels for the homes are:*

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☐ *Registered nurse, days and times:*

☐ *Licensed practical nurse, days and times:*

☒ *Certified nursing assistant or long term care workers, days and times: Monday thru Sunday  
from 6 am to 6 pm*

☐ *Awake staff at night*

☐ *Other:*

**ADDITIONAL COMMENTS REGARDING STAFFING**

***Cultural or Language Access***

***The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)***

***The home is particularly focused on residents with the following background and/or languages:***

**ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS**

***Medicaid***

***The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)***

☐ ***The home is a private pay facility and does not accept Medicaid payments***



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☒ *The home will accept Medicaid payments under the following conditions:*

**ADDITIONAL COMMENTS REGARDING MEDICAID**

*The client must be willing to share a room*

**Activities**

*The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).*

*The home provides the following activities:*

- A. Watching T.V. (specially Wheel of Fortune and Double Jeopardy)*
- B. Clergyman comes once a week for prayer and communion*
- C. Listening to music by radio or t.v. or tapes and cd's*
- D. Puzzles for client to solve*
- E. Annual Birthdays are celebrated*
- F. Going out for ice cream*
- G. Conversing with the client*
- H. Summer walks to the local park*
- I. Summer picnics at local park*
- J. Varieties of magazines provided for clients to read*
- K. Sharing laughter "the best medicine"*

**ADDITIONAL COMMENTS REGARDING ACTIVITIES**